



RECEIVED

JUN 22 2001
Atty. Dkt. No. 089187-0115
TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michael NAUCK *et al.*Title: METHOD AND COMPOSITION FOR
ENHANCED PARENTERAL NUTRITION

Appl. No.: 09/011,940

Filing Date: 03/03/1999

Examiner: B. Celsa

Art Unit: 1627

AMENDMENT TRANSMITTALCommissioner for Patents
Box NON-FEE AMENDMENT
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[] Small Entity statement is enclosed.

[X] The fee required for additional claims is calculated below:

Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims: 34	— 35	= 0	x \$18.00 =	\$0.00
Independents: 7	— 7	= 0	x \$80.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00 = \$0.00
CLAIMS FEE TOTAL:				= \$0.00

[] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
		EXTENSION FEE TOTAL:	\$0.00
		CLAIMS AND EXTENSION FEE TOTAL:	\$0.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
		TOTAL FEE:	\$0.00

- Please charge Deposit Account No. 19-0741 in the amount of \$0.00 . A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$0.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 20, 2001

By Brian Lathrop

FOLEY & LARDNER
 Washington Harbour
 3000 K Street, N.W., Suite 500
 Washington, D.C. 20007-5109
 Telephone: (202) 672-5300
 Facsimile: (202) 672-5399

Brian K. Lathrop
 Agent for Applicant
 Registration No.43,740